Please type a plus sign (+) in box +		

PTO/SE/01 (10-00)

Approved a use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it contains a valid OMB control number.

Officer the raperwork is	BUILDIN ACT OF 1550, 110 persons						
DECLARATION			Attorney Docke	et Number	CAN-1	37	
	ND ATTORNEY		First Named In	ventor	Louis (Canuel	
FOR UTILIT				COMPLE	TE IF KN	IOWN	
PATENT APPLICATION (37 CFR 1.63)		Application Nu					
M Decorate and the contract of	Declaration Submit		Filing Date		April 9	, 2001	
	(37 CFR 1.16(e)) required)		Group Art Unit				
			Examiner Name				
As a below named inventor,	I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
SANITARY NAPKIN WITH BREATHABLE EXTENSION (Title of the Invention)							
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							e daims, as
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country		n Filing Date (DD/YYYY)	Priorit Not Clair		Certifie Attac YES	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

		Alam			
DECLARATION - Utility or Design Patent Application					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
as the subject matter of each of the claims of provided by the first paragraph of Title 35, U defined in Title 37, Code of Federal Regulational or PCT international filing date of the	ited States Code, \$120 of any United States of this application is not disclosed in the prior United States Code, \$112, I acknowledge the ions, \$1.56(a) which occurred between the files application:	duty to disclose material information as			
Application Serial No.	Filing Date	Otatus			
09/570,113	03/12/2000	Pending Patented Patented			
I hereby appoint:		St. O. Marrana			
Place Customer Number Bar Code Label Here					
Practitioner(s) named below: Name	Registration Number				
as my/our attorney(s) or agent(s) to prose States Patent and Trademark Office con	ecute the application identified above, and t nected therewith.	o transact all business in the United			
Address all telephone calls to James P. Barr at	telephone number (732) 524-2826.				
	omer Number r Code Label 000027777 OR	☐ Correspondence address below			
Name:					
Address:					
Address:					
City:	State: ZIP				
Country	Telephone: Fax:				

£--

I hereby declare that all statements mainformation and belief are believed to I that willful false statements and the lik U.S.C. 1001 and that such willful false issued thereon.	be true; and turther	tnat tnes ishable b	e state v fine (anents were m or imprisonmer	it, or both, under 18		
NAME OF SOLE OR FIRST INVENTOR:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Louis	Family Name or Surname CANUEL						
Inventor's Signature				Date			
Residence: City Repentigny	State Canada		Countr	y Canada	CitizenshipCanada		
Mailing Address 79, Jasmin							
City Repentigny	State Quebec	, Canad	ZIP H		Country Canada		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SECOND INVENTOR:		etition has	been fil	ed for this unsigne	d inventor		
Given Name (first and middle [if any])	ne Family Name						
Inventor's Signature Date							
Residence: City	State		Count	ry	Citizenship		
Mailing Address			_				
0.7	State		ZIP		Country		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF THIRD INVENTOR:	A	petition has	been fi	led for this unsign	ed inventor		
Given Name (first and middle [if any])							
Inventor's Signature				Date			
Residence: City	State		Coun	try	Citizenship		
Mailing Address							
City	State		ZIP		Country		